

11.
SIXTH ANNUAL REPORT

OF THE

MANAGERS

OF THE

STATE LUNATIC ASYLUM.

Made to the Legislature, February 1, 1849.

ALBANY:

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SIXTH ANNUAL REPORT

Of the Managers of the State Lunatic Asylum.

Utica, Jan. 25th, 1849.

To the Hon. AMOS K. HADLEY,
Speaker of the Assembly.

SIR—Herewith is submitted the Annual Report of the Managers of the State Lunatic Asylum.

Respectfully yours,

A. MUNSON,
J. S. WADSWORTH,
NICHOLAS DEVEREUX,
C. B. COVENTRY,
C. A. MANN,
H. B. WELLES,
SILAS D. CHILDS,
T. ROMEYN BECK,
JOEL A. WING,

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SIXTH ANNUAL REPORT

Of the Managers of the State Lunatic Asylum for the year ending Nov. 30, 1848.

TO THE LEGISLATURE:

Pursuant to the requirements of the act organizing the Asylum, the undersigned respectfully submit the following

REPORT :

We refer to the annual report made to us by the Superintendent, and which is herewith submitted, for a full and interesting statement of the condition and results of the Asylum during the year. It will be seen that a greater number of the unfortunate class, for whom this Institution was founded, have, during the last year, enjoyed its advantages than in any year previous. The total number of patients in the Institution in the course of the year, was eight hundred seventy-seven, of whom four hundred ninety-five were remaining at the end of the year. The total number admitted since the opening of the Asylum on the 16th of January, 1843, is two thousand and fourteen.

The last year has been remarkable for the prevalence, during the months of August and September, of a severe form of dysentery in this vicinity and other sections of the country. During those months a large number of the patients in the Asylum and several of the attendants suffered under attacks from this disease. Many of the cases were of a severe character, and thirty-nine, out of two hundred and forty cases which occurred, terminated fatally. That so few died, considering the number, the previous condition and state of health of those attacked, should excite a feeling of gratitude rather than surprise. We think the mortality was not greater among the inmates of the Asylum who were attacked by this disease, than it was among an equal number who suffered under similar attacks out of the Asylum.

The prevalence of this unusual amount of sickness in the Institution, during the months mentioned, greatly augmented the labors and responsibilities of the Superintendent and assistant physicians, as well as of the attendants employed in the care of the patients. The devotion, patience and self-denial which all manifested in the discharge of the duties which devolved on them during this time, entitle them to the highest commendation.

While oppressed by the labors and cares devolving upon him at this period, our Superintendent, Dr. Brigham, was called to mourn the loss of his only son,* a most interesting and intelligent boy 12 years old, who fell a victim to the same disease after a few days illness.

His death was the cause of deep and heartfelt grief to all connected with the Asylum. His kind and affectionate disposition, and his frequent and delightful participation in the diversions and amusements of the patients had rendered him a general favorite, and his sudden and premature death was the occasion of general mourning among those to whom he was known. To his deeply afflicted parents, the Managers present the assurance of their profound and sincere sympathy. We know that none but those who have been called to endure a like affliction can fully appreciate how grievous it is.

Complaints have been made in some quarters, that the power given to county judges by the 26th section of the act to organise the Asylum, (chap. 135, Laws of 1842,) to send persons *in indigent circumstances*, but *not paupers*, to the Asylum at the charge of the county, has been in some instances too liberally or improvidently exercised.

The 26th section of that act provides, that when a person in indigent circumstances, not a pauper, *becomes* insane, application may be made in his behalf to the first judge of the county where he resides, and the said judge shall call two respectable physicians as witnesses, and fully investigate the facts of the case, and if the judge certifies that satisfactory proof has been adduced showing him insane, and his estate insufficient to support him and his family, or if he has no family himself, he shall be admitted into the Asylum, and supported there at the expense of the county, until he shall be restored to soundness of mind, if effected within two years.

* John Spencer Brigham, died August 16th, aged 12 years.

We apprehend the design of this provision was to relieve at the public charge a very deserving but unfortunate class, who are not reduced to the condition of paupers, but who are in indigent circumstances, and yet possessed of some little property, with which and their own labor, and that of their families, they are enabled to support themselves when in health ; but who, when overtaken by the severe misfortune of insanity, are unable to bear the necessary expenses incurred in being placed in a curative institution for the insane, and who, if deprived of the advantages derived from such an institution, would very probably, in a short time, become confirmed and incurable lunatics, to be supported at the public expense as soon as their little property is exhausted.

To consign this description of insane persons to the care of a county poor house, before any fair trial is made to restore them to health and soundness of mind, by giving them the benefits of an Institution erected for the cure as well as the care of the insane, would as it seems to us, be unwise as well as unjust.

Under the humane provisions of this law, six hundred twenty-nine patients have been admitted into the Asylum, in pursuance of orders made by county judges, since the 16th of January, 1843, the date of the first admission of patients. This is nearly one-third of the whole number admitted during that time. That some have been sent by the county judges who were not entitled to support from the public bounty, or who were not embraced in the spirit and intention of the law, is probable, but in general the power has been exercised with discretion and good judgment by the county judges, and such patients sent by them as are entitled to the public bounty. More cures have been effected among the patients sent by the county judges than among any other class of patients admitted into the Asylum. If the law should be so amended as to limit the power of the county judges, to send this indigent but not pauper class to the Asylum at the charge of the county, to cases where the person *has become insane within one year* before the order is made, we think all complaints on the part of county officers or others would be obviated.

An appropriation of \$5,000 was made to the Asylum at the last session of the Legislature, for the purpose of defraying the cost of the erections and fixtures necessary to light the Asylum with gas.

In the execution of this design, we have erected during the year two small brick buildings, one of which is used for the purpose of making the gas from resin, and in the other is placed a gas holder of sufficient capacity to contain 3,056 cubic feet of gas, a quantity sufficient for at least two days ordinary consumption. We have laid 7,754 feet of pipe for carrying gas to different parts of the establishment where it is wanted for use, and have put up in all 280 burners. The entire cost of all the works and fixtures is according to the bills rendered, \$5,346 .48. It will be seen by reference to the Treasurer's report, that the sum of \$4,808.48 out of the monies appropriated by the Legislature was paid on account of the gas works prior to first December. The excess of the expenditure over the appropriation will be defrayed from the current income of the Asylum. We find this mode of lighting a valuable improvement. It is more conducive to the comfort and safety of the patients, more secure against fire and accidents, and less expensive than the former mode of lighting. The gas works were constructed by *Walworth, Nason & Guild*, of New-York. They furnished and put up all the apparatus, pipes, &c.

The financial condition of the Asylum, as will be seen by the annual report of the treasurer, which is herewith presented, continues to be prosperous. The price charged for the board of patients who are supported by towns or counties, is \$2 per week, and the price charged to those who have property, sufficient for their support, or who are supported by their friends, is \$2.50 to \$4 per week.

The receipts from the board of patients have been adequate to the payment of all the current expenses of the year, including the wages of attendants.

We have regarded the proper management of the finances, and the regulation of the current expenditures of a State Institution of this character, as a matter of the greatest importance. No institution of the kind can long continue to confer the benefits intended by its founders, unless its financial interests are properly guarded and attended to. We have accordingly at all times endeavored to impress on those charged with the immediate and daily control of the expenditures of the Institution, the importance and necessity of exercising the same care and prudence that a careful and prudent individual would exercise in the conduct of his own affairs, and not to regard

the means placed under their control as the *property of the State*, or the public, but as a trust fund, to be sacredly devoted to the support and relief of those who are suffering under the most deplorable of all misfortunes, the deprivation of their reason.

All of which is respectfully submitted.

A. MUNSON,
J. S. WADSWORTH,
NICHOLAS DEVEREUX,
C. B. COVENTRY,
C. A. MANN,
W. B. WELLES,
SILAS D. CHILDS,
T. ROMEYN BECK,
JOEL A. WING.

TREASURER'S REPORT.

To the Managers of the State Lunatic Asylum:

The undersigned, Treasurer of said Asylum, respectfully submits the following report of the receipts and payments for the year ending Nov. 30, 1848, on account of the Asylum.

Receipts.

Payments.

For furniture,.....	\$	3,082	75
additions, alterations and repairs of buildings,.....		2,571	49
salaries of officers,		4,525	00
new buildings,		58	50
advances for clothing of patients,		4,018	10
Gas works,.....		4,808	48
Refunded to patients leaving Asylum,		148	14
For attendants, assistants and labor,		10,678	47
Fuel and lights,.....		9,608	89
Medicines,		439	73
Books and stationery,.....		432	35
Carried forward,.....	\$		

Brought forward,.....	\$
Provision and household stores,	24,720 65
Farm, garden, barn and grounds,	1,540 66
Advances to steward for petty current expenses,...	900 00
Miscellaneous expenses,	456 40
Patients' miscellaneous account,.....	665 88
Balance in treasury at this date,	6,053 10
	<hr/>
	\$74,708 59

E. A. WETMORE,
Treasurer.

Utica, Dec. 1, 1848.

SIXTH ANNUAL REPORT

Of the Superintendent of the New-York State Lunatic Asylum, at Utica, for the year ending November 30th, 1848.

TO THE MANAGERS OF THE ASYLM :

GENTLEMEN—At the close of the last year, the number of patients at the Asylum was :

	Total.	Men.	Women.
	472	231	241
Admitted during the year,.....	405	201	204
Total No. in the course of the year,	877	432	445

Of this number there have been,

	Total.	Men.	Women.
Discharged recovered,	174	87	87
" improved,.....	84	36	48
" unimproved,.....	38	20	18
" died,.....	86	46	40
Total discharges during the year,....	382	189	193
Remaining in the Asylum November 30, 1848,.....	495	241	254

Eight hundred and seventy-seven patients have been in the Asylum in the course of the past twelve months, a number considerably exceeding that of any previous year, and the Institution has been most of the time about as full as was consistent with the comfort and wel-

fare of its inmates. Although there are accommodations here for more than we now have, yet we find by experience that we need a considerable number of vacant rooms in order to change patients from one hall to another, as their varying states of disease require.

If most of the patients admitted were of the incurable or demented class, such as are found in the large institutions in Europe, then we could well accomodate a larger number, but being for the most part either recent or curable cases, or else so very violent and troublesome that they cannot be kept in the county houses, it is necessary for the comfort of all, and for the restoration of those that are curable, that the building should not be crowded, and that we have vacant rooms in each hall to make the changes mentioned.

One time during the year the Asylum became so crowded, that we were obliged to request the removal of some of the incurable class, in order to make room for the more recent and curable. We also, by direction of the Managers, addressed a letter to the county judges of the State, requesting them not to send any but recent cases, and such as the law authorizing them to send insane persons to the Asylum, seemed to contemplate. This has been attended by the desirable result of enabling the Institution to receive more recent cases than it otherwise would, and most of those that have applied for admission.

The law authorizing county judges to send indigent persons, not paupers, when attacked by insanity, to the Asylum, was at first, in some instances, we apprehend, not rightly understood, but it now appears to be, and by it more good has been effected, and a larger number of curable cases of insanity, and those most deserving of the public bounty, have been sent to the Asylum than in any other way.

The year has been a prosperous one so far as the Asylum is concerned, and satisfactory in all respects, with the exception of the prevalence of a severe form of dysentery, in the months of August and September. During these two months a large number of the patients, and a considerable number of the attendants and assistants were affected by dysentery or diarrhea. One hundred and ninety-five patients, viz: 80 men and 115 women were attacked by dysentery, and 27 men and 18 women by diarrhea, making a total number of 240

cases. Of this number 39 died, viz: 35 of dysentery and 4 of diarrhea.

The above, however, does not include 21 cases of dysentery and 9 of diarrhea that occurred among the attendants and assistants, none of which proved fatal. The disease prevailed about the same time in all parts of the building, and alike affected those that had previously been out doors most of the time, and those that had not been out at all. It also prevailed in most of the towns in this region, and proved fatal to many, especially to those whose systems were impaired by previous disease. At this asylum, with the exception of two cases, all that died were patients who had either been long insane, or whose bodily health was previously very poor, and of whose restoration to reason we indulged no hope.

With the exception of the period to which we have alluded, the health of those at the asylum has generally been good, though receiving as we are obliged to do by law, all classes of patients, and many of the very worst and most hopeless, and especially many of incurable epileptics, whom we are obliged to receive and keep until they are removed by death, there will usually occur a larger number of deaths annually, than in institutions not obliged to receive such cases, or if they do receive them, can discharge and return them to their friends or relatives previous to death.

Thus in addition to those that died during August and September, forty-seven deaths occurred from the following diseases: Twelve from marasmus or gradual wasting and decline without apparent disease; the most common termination of incurable cases of insanity. Some of these were epileptic. Ten of meningitis or inflammation of the membranes of the brain. Most of these were improper cases for a lunatic asylum, being cases of acute disease and much aggravated by journeying, and which died soon after admission. Six died of diarrhea, five of epilepsy, five of general paralysis, three of consumption, two by suicide, one of old age, one of apoplexy, and one of gangrene of the lower extremity, and one of hydrothorax.

We have to lament that notwithstanding the cautions given in our last annual report, that a considerable number of cases are sent to us at too early a period after the commencement of delirium, and while

laboring under severe bodily disease. We have received six cases of this kind during the year, all of which proved fatal soon after admission, as we apprised their friends when they brought them would probably be the result; but they were in too feeble a state to journey further, or to be taken home. As we consider this a subject of great importance, we shall be excused for dwelling upon it at some length. Let it be called to mind that this being the only State Institution for the insane in this large State, patients are brought to it from a great distance. Many have to journey above above 200 miles, and some more than 300. Hence some patients that might safely be removed to the Asylum if they were in its immediate vicinity, are greatly endangered by a long journey.

There are two kinds of improper cases sent to the Asylum; the first we alluded to the last year. It is a kind of inflammation of the membranes of the brain, accompanied by delirium. It usually assumes the form of maniacal excitement, sometimes preceded by a short period of melancholy or depression of spirits. Patients affected by it are remarkable for the rapidity of their movements, incessant talking and sleeplessness. The pulse is frequent, but not hard or full; the tongue is coated, and the eyes often slightly suffused. Such cases often prove fatal very suddenly, and after death the pia-mater and the arachnoid membrane will be found considerably more vascular than natural, and occasionally some effusion of serum will be observed. Death does not seem to result from inflammation, but from the exhaustion and sinking of the vital powers after long continued excitement, agitation and sleeplessness. Bleeding, in this disease is, we believe, always injurious, and probably no method of treatment will frequently be successful; but when it attacks, as it frequently does, females who are delicate and feeble, or men whose constitutions are impaired by intemperance, stimulants, with seclusion and quiet, will sometimes effect a cure. Such cases, we believe, are always injured by the excitement of travelling and seeing company.

The following is case of the kind:

Mrs. A. N., aged 54, was brought in June last about 100 miles to the Asylum. She had been deranged but two weeks. The history of her case is as follows: Two weeks previous to any mental derangement, she was attacked by what was supposed to be inflamma-

tion of the bowels, for which she was bled copiously three times, and as the disease of the bowels disappeared, she became deranged, highly excited, and wholly uncontrollable; lost flesh rapidly, slept very little or none, and had but little appetite. In this condition she was brought to the Asylum; pulse 120 in a minute, incessantly talking, and continually in motion. We apprised her friends that she was in a dangerous condition, and probably would not long survive, but she was too sick to be taken home, and was received into the Asylum. For a day or two she seemed some more calm, pulse became less frequent, and she slept a little, but she had no appetite, and continued much excited, and constantly in motion, and the sixth day after admission, suddenly expired.

The other class of improper cases to which we have alluded, that are sometimes sent to the Asylum, are cases of insanity, that occur soon after child birth. We have in repeated instances known women to be brought a great distance to the Asylum, in less than two weeks after having given birth to a child. Some of them have done well and recovered, but others have died, and apparently from exhaustion, consequent upon a long journey while in a feeble and irritable condition. It is difficult we know, always to determine correctly the proper time for the removal of a puerperal case from home, but as a general rule we think that at least four or five weeks should elapse, and that a long journey should not be undertaken until all symptoms of an acute character, such as hot skin, frequent pulse, and febrile excitement have mainly subsided.

To remedy the evils of which we complain, we beg the friends of the insane not to remove a recent case from home, without first consulting a judicious physician, and ascertaining from him after he has fully examined the case, that the patient will probably endure the journey without injury. If there are symptoms of any serious bodily disorder, or of fever, with hot skin, frequent pulse and other indications of acute disease, it will be better to defer the removal until these symptoms have mainly subsided. *There is no danger from the delay of a few weeks in any recent case of insanity.*

But in thus recommending caution in the removal from home of sudden and acute cases of insanity, immediately after they are attacked, we would at the same time urge the necessity of a different course in regard to persons laboring under other forms of mental de-

range. Those cases of insanity that are most improperly and most frequently neglected and kept at home until they are incurable, are unattended by much excitement, those that come on very gradually; unperceived for a long time excepting by the most intimate acquaintances.

Monomaniacs, or those that are deranged but on one or a very few subjects, those that have delusions and are depressed and melancholy at times, or unnaturally elated; whose feelings and disposition have undergone a marked change after some severe disease or great trouble of mind, while the intellectual faculties seem but little disturbed. It is these partially insane persons that furnish the vast number of suicides of which we daily read, and also a large proportion of the incurable insane that are found in our country, most of whom might probably have been saved had they been early and properly treated. We therefore entreat all those who have the charge of such persons not to keep them at home because they are not much deranged, excited or troublesome. They certainly have some serious disease of the brain, which if not cured in its early stage will be sure to increase and finally become incurable.

TABLE 1.

Statistics of the Asylum from its opening, January 16, 1843, to December 1st, 1848.

Whole number of patients admitted,.....	2,014
Total number discharged,.....	1,519
do do recovered,	814
do do improved,	353
do do unimproved,.....	152
do do died,.....	200

TABLE 2.

Monthly admissions for six years.

Months.	Men.	Women.	Total.
December,	70	64	134
January,	70	67	137
February,	73	59	132
March,	79	65	144
April,	81	80	161
May,	122	100	222
June,	85	95	180
July,	97	102	199
August,	75	75	150
September,	76	100	176
October,	96	87	183
November,	93	103	196
	<hr/>	<hr/>	<hr/>
	1,017	997	2,014
	<hr/>	<hr/>	<hr/>

TABLE 3.

Showing the season of the year when patients were supposed to have become insane.

January,	130
February,	124
March,	178
April,	147
May,	194
June,	181
July,	165
August,	147
September,	158
October,	202
November,	143
December,	121
Unknown,	124
	<hr/>
	2,014
	<hr/>

TABLE 4.

Showing the number from each county for six years, and how supported at the Asylum.

Counties.	Supported by Co. or town.	Supported by friends.
Albany,.....	80	33
Allegany,.....	8	4
Broome,.....	19	4
Cattaraugus,.....	7	6
Cayuga,.....	29	24
Chautauque,.....	33	8
Chemung,.....	10	4
Chenango,.....	41	25
Clinton,.....	5	1
Columbia,.....	16	8
Cortland,.....	10	14
Delaware,.....	7	6
Dutchess,.....	8	12
Erie,.....	18	17
Essex,.....	4	1
Franklin,.....	5	1
Fulton,.....	11	6
Genesee,.....	11	9
Greene,.....	24	8
Hamilton,.....	1	
Herkimer,.....	36	26
Jefferson,.....	45	29
Kings,.....	1	3
Lewis,.....	12	6
Livingston,.....	19	7
Madison,.....	36	44
Monroe,.....	48	35
Montgomery,.....	22	14
New-York,.....	4	11
Niagara,.....	19	6
Oneida,.....	107	102
Onondaga,.....	48	32
Ontario,.....	24	12
Orange,.....	27	5

Counties.	Supported by Co. or town.	Supported by friends.
Orleans,	11	4
Oswego,	25	12
Otsego,	26	36
Putnam,	3	1
Queens,	2	1
Rensselaer,	55	28
Richmond,	2	
St. Lawrence,	18	12
Saratoga,	15	17
Schenectady,	22	15
Schoharie,	18	1
Seneca,	10	10
Steuben,	28	8
Suffolk,	9	1
Sullivan,	2	
Tioga,	20	7
Tompkins,	17	16
Ulster,	17	3
Warren,	10	3
Washington,	18	12
Wayne,	16	16
Westchester,	1	2
Wyoming,	14	8
Yates,	8	12
From the State Prisons,	30	
From out of the State,		74
	1,182	
	<u><u> </u></u>	<u><u> </u></u>

TABLE 5.

Ages when insanity commenced.

Under 20 years of age,	224
From 20 to 25 years of age,	374
25 30 " 	352
30 35 " 	263
35 40 " 	249
40 45 " 	195

From 45 to 50 years of age,	131
50 55 " 	77
55 60 " 	69
60 65 " 	47
65 70 " 	27
70 75 " 	5
Over 80 years of age,.....	1
	<hr/>
	2,014
	<hr/>

TABLE 6.

*Occupation.**Men.*

Farmers,.....	437
Laborers,	133
Merchants,	57
Scholars,.....	56
Joiners,.....	34
Clerks,	32
Shoemakers,.....	23
Attorneys,	19
Blacksmiths,.....	18
Physicians,.....	14
Teachers,	14
Sadlers,	14
Manufacturers,	13
Clergymen,	10
Coopers,.....	10
Inn-keepers,.....	8
Carriage makers,.....	8
Tailors,.....	8
Cabinet makers,.....	7
Boatmen,	6
Stage proprietors,	5
Printers,	5
Masons,	5
Stone cutters,.....	4
Clothiers,	4

Butchers,	4
Tinners,	4
Tanners and curriers,	4
Tobacconists,	4
Medical students,	4
Portrait painters,	4
Pedlars,	4
Painters,	4
Surveyors,	3
Engineers,	3
Seamen,	3
Horse farriers,	2
Speculators,	2
Millwrights,	2
Millers,	2
Dentists,	2
Miners,	2
Moulders,	2
Weavers,	2
Gardeners,	2
Gunsmith,	1
Barber,	1
Glass cutter,	1
Hatter,	1
Engraver,	1
Pilot,	1
Banker,	1
Military officer,	1
Brewer,	1
Book binder,	1
Watch maker,	1
Confectioner,	1
Editor,	1
Drover,	1

Women.

Housework,	853
School girls,	45
Tailoresses,	30
Instructresses,	24
Milliners,	21
Mantua makers,	16
Factory girls,	7
Music teacher,	1
	<hr/>
	997
	<hr/>

Under the head of *housework*, are included house-keepers and all the women who have had no special trade or employment, though a considerable number have not been accustomed to any kind of labor.

TABLE 7.

Civil condition.

Married,	937
Single,	957
Widows,	83
Widowers,	39
	<hr/>
	2,014
	<hr/>

TABLE 8.

Nativity.

State of New-York,	1,417
Ireland,	138
Connecticut,	90
Massachusetts,	73
England,	65
Vermont,	39
New Hampshire,	28
Canada,	24
Scotland,	24

Rhode Island,	17
Germany,	21
Maine,	10
New Jersey,	16
Wales,	12
France,	7
Pennsylvania,	17
South Carolina,	3
Denmark,	2
Jamaica (West Indies),	1
Florida,	1
Africa,	1
Maryland,	4
Ohio,	2
North Carolina,	1
Virginia,	2
Sandwich Islands,	1
	<hr/>
	2,014
	<hr/>

TABLE 9.

Supposed causes.

	Men.	Women.	Total.
Unknown,	210	174	384
Ill health,	144	242	386
Doubtful,	146	116	262
Religious anxiety,	87	91	178
Loss of property,	63	23	86
Puerperal,		76	76
Sickness and death of kindred,	23	51	74
Excessive study,	44	7	51
Intemperance,	62	5	67
Millerism,	17	19	36
Disappointment in love,	33	20	53
Perplexity of business,	40	13	53
Abuse of husband,		28	28
Blows on the head,	20	4	24
Fright,	12	12	24

	Men.	Women.	Total
Epilepsy,	25	12	37
Anxiety about absent friends,	4	14	18
Jealousy,	6	4	10
Illness of friends,	1	7	8
Excessive labor,	15	18	33
Political excitement,	6	—	6
Disappointed ambition,	5	3	8
Masturbation,	11	2	13
Malformation of the head,	3	2	5
Infidelity of wife,	4	—	4
Excessive pain,	4	—	4
Seduction,	—	3	3
Remorse,	—	3	3
Bad conduct of children,	—	3	3
Exposure to excessive heat,	5	2	7
Irregular decay of faculties from old age, . . .	1	1	2
Want of occupation,	—	2	2
Excitement of sea voyage,	—	2	2
Opium eating,	3	3	6
False accusation,	—	2	2
Domestic trouble,	4	16	20
Ill treatment of parents,	1	1	2
Violent temper,	2	—	2
Going into cold water,	1	—	1
Destitution,	—	2	2
Measles,	—	2	2
Neighborhood difficulty,	1	—	1
Infidelity of husband,	—	1	1
Excessive use of snuff,	—	1	1
License question,	—	1	1
Excitement of law suit,	1	1	2
Fourierism,	1	—	1
Sedentary life,	1	—	1
Preaching sixteen days and nights,	1	—	1
Study of Phrenology,	1	—	1
Burn of head,	1	—	1
Anticipation of wealth,	1	2	3
Seclusion from society,	—	1	1
Murder of son,	—	1	1

	Men.	Women.	Total.
Neuralgia,	2		2
Inhaling of carbonic acid gas,.....	1		1
Exposure to fumes of charcoal,.....		1	1
Imprisonment for crime,	1		1
Mormonism,	1		1
Technabiteism,.....	1		1
Anti-rent excitement,	1		1
Severe whipping,.....	1		1
Excessive smoking,.....		1	1
Firing of cannon,		1	1
	<hr/>	<hr/>	<hr/>
	1,017	997	2,014
	<hr/>	<hr/>	<hr/>

SHOPS, FARM AND LABOR.

We have a large shop for tailors, and one for shoemakers, also a plumber's shop, two for joiners' and cabinet work, and two rooms for printers, and other rooms for sewing, mattress-making, &c. In all of these, patients are more or less employed.

Tailors' shop. Since the opening of this shop, March 15th, 1847, there have been made in it by the patients, with the assistance of one overseer, who cuts the garments—

Men's coats,	288
" vests,.....	321
" pantaloons,	369

The cost of the materials for these garments, and the pay of the overseer, amounted to \$2,295.65. They have been sold to patients for \$2,296.15—showing that this shop has not been a source of income to the asylum; still it has been of very considerable benefit to the patients, not only by furnishing to some of them very useful occupation, but it has enabled us to supply patients with articles from better materials, and more durably made, and for a less price, than they could have been obtained elsewhere. Thus well made woolen coats, for winter use, have been charged to patients at \$4.50, vests \$1.25, and pantaloons \$2.

The other shops have been conducted in a similar manner, and with like results. They afford no income to the institution, though they

are quite serviceable to the patients, by not only enabling us to supply them with all kinds of clothing, shoes, &c., at a low price, but by affording to many of them useful employment, that interests and amuses them, and which serves to withdraw their minds from morbid fancies, and thus essentially aid in effecting their recovery.

FARM AND GARDEN.

These continue productive, and afford an abundant supply of the best vegetables for the entire household, together with pasture for sixteen cows, and hay sufficient to keep them and six horses through the year. The following is but a partial account of the produce of the farm and garden for the last year. In addition, large quantities of lettuce, celery, egg plant, squashes, melons, strawberries, &c., have been successfully cultivated :

Hay,	60	tons.
Oats,	130	bushels.
Potatoes,	500	"
Carrots,	600	"
Parsnips,	70	"
Beets,	1,000	"
Onions,	180	"
Turnips,	100	"
Lima Beans,	10	"
White "	12	"
Cucumbers,	150	"
Tomatoes,	200	"
Green peas,	100	"
" corn,	80	"
Cabbage,	8,000	heads.

The gas works, for which an appropriation was made by the last Legislature, have been completed, and the asylum is now beautifully lighted by gas made from resin, and for one half the sum formerly expended for oil. We have now 280 burners, but do not usually make use of more than two-thirds of them at the same time. We find many advantages from this manner of lighting our building, and should consider it a great misfortune to have to recur to the general use of lamps and oil among our patients.

The Green House has received some valuable accessions the past year, and is a place of frequent and interesting resort for the patients, particularly during the winter, when innumerable plants are there in full bloom, while all is cheerless and apparently lifeless without.

Most of the labor required to produce the foregoing products has been voluntarily performed by patients; for although we have a gardener and farmer, their time is much occupied in team work and in other labor besides that on the farm and gardens. In recalling, however, those patients that have thus rendered us the most assistance, we find that they have left here, and are now at home and in the enjoyment of good health. They sowed and planted for us, but recovering their health did not remain to reap and gather in.

In addition to this labor on the farm and garden, an equal amount has been expended in improving the grounds, planting trees, sawing wood, making drains, and aiding in the erection of a gas house, and other kinds of business here. But notwithstanding the means we have for supplying our patients with useful employment, by our large farm and garden, and numerous shops, yet we have not enough, and one of the most common complaints we hear, especially from the men, is that they do not have sufficient bodily labor. Considering the large number of inmates that we have here, and that will probably long remain with us, we believe it would be well to establish some additional manufacturing business, that would afford agreeable and useful employment to a large number. The recovery of some would no doubt be expedited by such an arrangement, and they would also learn something that would be serviceable to them hereafter. Two have already learned the printing trade so as to be able to earn wages by it, and some the tailoring business more or less perfectly, and a large number have become tolerable good workmen as joiners, by the opportunities here afforded them for working at this business.

The women patients have not had sufficient employment the past year, and the matron thinks there will be still less the ensuing year unless some new business is established, as she states that we now have on hand a year's supply of shirts and other articles made by the women.

A portion of each year, the winter season mostly, has been devoted to making articles to sell at an *Annual Fair*. The fair of last year

exceeded that of any previous one, especially in the variety and excellence of the work, particularly of the articles manufactured from wood, bone and ivory. The produce of these fairs the last five years, and the subsequent sale of the articles left on hand, amounted to about one thousand dollars. This has been expended in the erection of a Green house, in the purchase of books and pictures, and an organ for the Asylum chapel. That for the last year has been mainly used, to purchase musical instruments for a *Brass Band* recently organized here. Thus the labor expended in the manufacture of the articles sold, has been serviceable to many and in various ways, in agreeably occupying the mind while making them, in the interest excited by the sale at the Fair, and in the subsequent enjoyment derived from the articles purchased with profits.

AMUSEMENTS, SCHOOLS AND RELIGIOUS SERVICES.

Labor, on the whole, we apprehend, affords our patients the most gratification and amusement. In the warm season we have no other, unless walking, riding and reading may be so considered. In winter we have the following arrangement :

WINTER ARRANGEMENT.

Schools every day except Saturdays and Sundays. A lecture every Wednesday afternoon in the chapel at 3 o'clock. Occasionally, declamation and reading of compositions the same afternoon.

Debating society to meet every Wednesday evening in the men's department. Music, singing and dancing, the same evening in the women's department.

Reading aloud by one person in each hall to the others, from some new and interesting work, selected by the superintendent, Monday and Thursday evenings.

Amusements, (card playing, whist, &c.,) Tuesday and Friday evenings.

Saturday and Sunday evenings to be passed quietly, in reading and singing. Sacred music particularly recommended.

Cards are to be put entirely aside in the day time, and to be used only Tuesday and Friday evenings.

Backgammon, chess, and nine pins in the men's departments, and backgammon, battledoor, and other games and exercises in those for the women, in moderation daily. But during the evenings for reading and debating in the men's wing, and the evenings for reading, music and singing in the women's, no games or other amusements whatever.

Tableaux, music, and evening exhibitions, three or four times during the winter in the women's hall, and theatrical performances as often in the men's wing.

Attention to composition, and writing essays and stories, are particularly recommended.

A journal or diary to be kept by a patient, designated from time to time by the physician. The book to be in the care of the supervisor of the department. These journals are interesting and useful, and often amusing. They relate principally to occurrences here, though events elsewhere are sometimes noticed. They have been remarkably well kept by many different patients, to whom this kind of mental exercise is beneficial and pleasing.

RELIGIOUS SERVICES.

Religious worship on Sunday, and the monthly religious meetings of the officers, attendants and assistants, established here several years since, have been continued through the year. The Rev. Chauncey E. Goodrich, who has for several years discharged the duties of chaplain in an acceptable manner, continues to act in that capacity. The monthly concerts are now held in one of the halls for convalescent patients. These meetings afford us good opportunities to communicate with those in our employ respecting their various duties; and the occasion is often embraced to inform them as to the nature of insanity and of its peculiarities, symptoms, and various circumstances that may require their attention.

Although a considerable number of convalescent patients are present at these meetings, still we do not hesitate to remark upon insanity, its nature, peculiarities, causes, means of prevention, and cure, as experience more and more confirms us in the opinion, that they are not only uninjured by information on these subjects, but on the contrary

are often benefited. We believe the insane when convalescent, have been too much neglected in this respect, and that many relapse for want of proper advice and information respecting the nature of the disease to which they are peculiarly liable.

SUICIDAL FORM OF INSANITY.

The suicidal variety of insanity is the one most dreaded by the officers of Lunatic Asylums, and the one that gives them the most intense anxiety. Usually there are a considerable number belonging to this class in every large asylum.

Thus of 2,014 patients received into this Asylum, 251, viz. : 108 men and 143 women were disposed to suicide.

It is, however, a consoling fact, that this alarming variety of insanity is quite often a curable one. Among the most complete and permanent recoveries from insanity we have ever known, are a considerable number, who for several months were very strongly inclined to self-destruction.

In asylums, such persons are for the most part so carefully guarded in various ways that few instances of suicide occur ; while no one can fail to notice in the public journals, that suicide from insanity is very frequent out of asylums.

Those patients whom we know are disposed to suicide, usually sleep with a few others during the night in dormitories adjoining an attendant's room. Some, however, are placed in a separate room connected by a lattice door or window with the room occupied by an attendant.

It is often said that a person will not commit suicide if placed in a room with others. This is we presume generally correct, but not always, as some have not only attempted suicide, but actually accomplished it under such circumstances, though so far as we have personal knowledge they have committed the act while the others were sleeping, or else secreted themselves from observation behind curtains or other objects.

Thus we have known it effected by hanging, and without noise, while others were in the same room. Hence the necessity of unceasing vigilance in cases where the disposition to suicide is known or suspected.

For four years past we have kept a register of all the suicides of which we have heard, that have occurred in the State of New-York. We have had access not only to several of the daily and weekly newspapers published in New-York and Albany, but to those published in various parts of the state, and think our list mainly correct, though probably it does not contain all that have occurred. It is as follows:

Counties.	1845.	1856.	1847.	7848.
New-York,	21	21	45	32
Oneida,	7	3	2	3
Kings,	4	1	6	0
Erie,	4	3	6	4
Rensselaer,	4	3	2	3
Onondaga,	3	3	4	0
Ulster,	3	1	1	1
Madison,	2	1	2	2
Cortland,	2	2	0	0
Clinton,	2	0	0	0
St. Lawrence,	2	0	0	0
Chenango,	2	1	1	2
Delaware,	1	1	0	1
Albany,	1	3	6	3
Livingston,	1	1	0	1
Otsego,	1	1	3	3
Ontario,	1	2	0	1
Sullivan,	1	0	1	0
Cayuga,	1	3	1	1
Oswego,	1	0	0	0
Genesee,	1	0	1	0
Richmond,	1	2	1	0
Tompkins,	1	1	0	1
Chautauque,	1	2	1	3
Washington,	1	0	1	1
Monroe,	1	2	3	6
Orange,	1	0	1	1
Putnam,	1	0	0	1
Jefferson,	1	0	0	1
Westchester,	1	3	0	0
Queens,	0	1	1	2

Counties.	1845.	1846.	1847.	1848.
Dutchess,	0	1	3	3
Montgomery,	0	1	0	0
Orleans,	0	1	0	0
Saratoga,	0	0	2	2
Niagara,	0	0	2	1
Wayne,	0	0	2	0
Allegany,	0	0	0	1
Yates,	0	0	0	1
Herkimer,	0	0	0	3
Columbia,	0	0	1	0
Cattaraugus,	0	0	1	1
Green,	0	0	1	1
Schenectady,	0	0	1	0
Wyoming,	0	0	1	0
Suffolk,	0	0	1	1
Lewis,	0	0	1	1
Seneca,	0	0	1	0
	—	—	—	—
	74	64	106	88
	—	—	—	—

HEREDITARY PREDISPOSITION TO INSANITY.

There is nothing in connection with the study of insanity, more deserving of attention, than the tendency of this disease to be transmitted from parents to their offspring. The fact is most unquestionable, and we are of opinion that it has more influence in producing that disease, than all other causes combined. It does not of itself excite the disease, but when it strongly exists, a trivial cause will develop it. Thus most of the supposed exciting causes in the foregoing table, would, of themselves, be inoperative, if there was not an inherent constitutional tendency to insanity.

Sometimes the children of an insane parent are, however, exempt from the disease, while it appears in the grandchildren. Contrary to the opinion of many, we have found this inherited form of insanity as curable as any other, though the subjects of it are very liable to relapse, and from slight and various causes. Sometimes a little sickness, a slight fever, or severe cold, and at others a little mental disturbance, such as the loss of relatives or property, or religious

anxiety, excite it. We have known individuals thus predisposed to insanity, have repeated attacks, and each time from a different exciting cause.

The following table presents, in our view, some important facts in relation to hereditary predisposition to insanity, as ascertained at this institution :

Number of patients who have been at the Asylum,.....	2,014
" men,	1,017
" women,.....	997
Known to have insane <i>relatives</i> ,.....	637
<hr/>	
Number of patients known to have insane <i>parents</i> ,.....	273
" men,.....	121
" women,.....	152
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Of the 121 men, the number having insane fathers, was.....	64
" " " mothers, was.....	53
Of the 152 women, the number having insane fathers, was....	67
" " " mothers, was... 80	
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And four men and five women inherited a predisposition to insanity from both parents.

Thus it would appear from our inquiries, and they have been very carefully conducted, that insanity is a little more likely to be transmitted by the mother than by the father, and that mothers are considerably more likely to transmit it to daughters than to sons; while the fathers most frequently transmit it to sons.

Sometimes the children of an insane parent do not inherit any tendency to insanity. In such instances the exemption appears to be in consequence of inheriting the constitution and temperament of the parent not insane. When, however, the children resemble in personal appearance the insane parent, and manifest the same peculiarities of feelings and temper, there is reason to apprehend they will be more or less disposed to the disorders of the parent they resemble.

These facts cannot fail to arrest the attention, not only of those who have relatives and friends that are insane, but of every philanthropist,

and be taken into consideration in forming matrimonial alliances, and be duly regarded in the physical and moral education of those thus liable by inheritance to insanity.

The early education of all such requires much attention. Great pains should be taken to form a character not subject to strong emotions, to passions and caprice. Among the most frequent cases of insanity in those not predisposed to it, is the over indulgence of the appetites and passions in early life; and to those who inherit a tendency to this disease, such a course is highly pernicious.

The utmost attention should be given to securing a good bodily constitution. Such children should be confined but little at school; they should be encouraged to run about the fields and take much exercise in the open air, and thus ensure the equal and proper development of all the organs of the body. They should not have the intellect unduly tasked. Very early cultivation of the mind, and the excitement of the feelings by the strife for the praise and the honor awarded to great efforts of mind and memory, is injurious to all children; and to those who inherit a tendency to nervous diseases or insanity, most pernicious. In after life, persons thus predisposed to insanity should be careful to avoid engaging in any exciting or perplexing business or study, and should strive, under all circumstances, to preserve great equanimity of temper, calling to mind the words of wisdom: "He that is slow to anger is better than the mighty; and he that ruleth his spirit, than he that taketh a city."

INCREASE OF INSANITY; CAUSES, PREVENTION, PROGNOSIS, MEDICAL AND MORAL TREATMENT.

Liberty, so favorable to the development of the human intellect, multiplies the causes of its derangement. Hence, in countries where there is the most intelligence and freedom, there will be found the greatest mental activity, and the most cases of insanity. We are of the opinion, and it is an opinion formed after much inquiry, that there is more insanity in this country, especially in the northern and eastern States, than in any other, and that it is fearfully on the increase.

Notwithstanding the numerous and large asylums that have recently been established for the accommodation of the insane, more than one half of this class of persons in every State in the Union are still

unprovided for in this respect. In view, therefore, of the large number of the insane in this country, and more especially in view of the annual increase of insanity, it has become a most important inquiry, if there are no means that can be adopted to lessen, at least to some extent, the multiplication hereafter of cases of this disease.

An additional number of good asylums would, no doubt, be of great use to those who are insane, but as such institutions do not remove the causes of insanity, they cannot prevent the occurrence of new cases and an increase of the disease. In our opinion, a diminution of the number of cases of insanity must be sought for in measures of prevention; in the avoidance of its causes, in a knowledge of the liability of those who have once suffered from insanity, or who are hereditarily predisposed to the disease, to be attacked by it, and the adoption of a course of life calculated to prevent it.

To aid in diffusing information on these subjects all that we can in a brief report, we subjoin the following remarks, some of which we have heretofore published, on the causes, prevention, prognosis and the medical and moral treatment of insanity.

CAUSES OF INSANITY.

The *causes* of insanity are very deserving of attention, yet they are often particularly obscure. We have given a table of *supposed causes*, but do not attach great value to it. It is a record of what we have been informed by the friends and acquaintances of patients, was the exciting cause of the attack. No doubt they are often mistaken, besides in many cases the predisposition to insanity is so great that any exciting cause, as ill health or anxiety of mind is sufficient to develop it. Thus we have had the same individuals repeatedly under our care, and noticed that the cause of each attack was different. Sometimes it has been a moral cause, as grief and anxiety of mind, at others, a physical cause, as fever or ill health.

We have, however, endeavored to be as accurate as possible in investigating the cause of insanity in each individual admitted. We have interrogated relatives, neighbors and physicians, so far as we have had opportunity, who were knowing to the cases sent to us, and have neglected no means in our power for ascertaining the exact causes of the attack.

In many cases the evidence thus obtained has been satisfactory, and we feel but little doubt of the correctness of the causes assigned, but in many others we have not obtained such evidence as to enable us to state them with much confidence.

A general division of the causes of insanity is into moral and physical, though authorities are not agreed as to their comparative influence. This arises from the disagreement of writers as to what constitutes a physical and what a moral cause of insanity. We believe that moral causes are far more operative than physical. In our opinion, those in the above table under the heads of masturbation, blows on the head, malformation of the head, excessive labor, inhaling carbonic acid gas, exposure to the fumes of charcoal, opium eating, the excessive use of tobacco, and exposure to the sun, are about all we can attribute to physical causes. Even as regards the practice of masturbation, though productive of alarming disease and death, yet we apprehend that in those found addicted to it in lunatic asylums, it is as frequently the consequence as the cause of insanity.

It is usual, we know, to place the puerperal, and those arising from ill health and intemperance in the list of physical causes, and we do not doubt that in many instances they are thus correctly arranged; but according to our observation the puerperal state only renders the nervous system more susceptible of derangement from some moral cause, such as fright, disappointment, undue apprehension, neglect and abuse of husband, or other kind of mental anxiety.

So as regards intemperance, happily now an unfrequent cause of insanity in this region, we have thought in many instances it was the remorse, the mental agony consequent upon a misspent life and fortune that produce the insanity, and not the direct effect of intemperance.

The sad effects of alcholic drinks are more frequently found in the stomach than in the brain. Insanity is comparatively rare among savages and uncultivated nations, that are intemperate and exposed to the same physical causes as the inhabitants of civilized nations.

Intemperance is however not unfrequently the indirect cause of insanity in many that are temperate. Many of the cases of puerperal insanity, and some of those under the heads of ill health and loss of property, and all those under that of abuse of husband appear thus to

have originated. Thus in our table, 67 cases are attributed to intemperance, viz : 62 men and only 5 women, yet in strict truth we believe that the intemperance of men, of husbands, fathers and sons, has caused very many of the cases of insanity among the women, though this does not distinctly appear in our table.

Ill health should not always be considered a physical cause of insanity, as dyspepsia, palsy, epilepsy, apoplexy, and other complaints that often precede insanity, are caused by mental anxiety, and are merely the first symptoms of disease of the brain in those who become insane.

The causes are also very properly divided into the predisposing and exciting.

Among the former is hereditary predisposition or a peculiarity in the structure of the brain, transmitted from parents. It is not however disease, nor would it lead to insanity without the agency of some exciting cause, yet as a predisposing cause it is as we have already stated, very operative.

Excesses of all kinds, erroneous methods of education which prematurely task the intellectual faculties or which permits the passions to acquire undue power in early life, are also predisposing causes of mental alienation.

But in our opinion the most frequent and immediate cause of insanity and one of the most important to guard against, is the *want of sleep*.

So rarely do we see a recent case of insanity, that is not preceded by a want of sleep, that we regard it as almost the sure precursor of mental derangement.

Notwithstanding strong hereditary predisposition, ill health, loss of kindred or property, insanity rarely results unless the exciting causes are such as to occasion loss of sleep. A mother loses her only child, the merchant his fortune; the politician, the scholar, the enthusiast, may have their minds powerfully excited and disturbed; yet if they sleep well, they will not become insane.

We find no advice so useful to those who are predisposed to insanity, or to those who have recovered from an attack, as to carefully

avoid everything likely to cause loss of sleep, to pass their evenings tranquilly at home, and to retire early to rest.

Long continued wakefulness disorders the whole system. The appetite becomes impaired, the secretions diminished or changed, the mind dejected, and soon waking dreams occur and strange phantoms appear, which at first may be transient, but ultimately take possession of the mind, and madness or death ensues.

We wish we could *impress* upon all, the vast importance of securing sound and abundant sleep; if so we should feel that we had done an immense good to our fellow beings, not merely in preventing insanity, but other diseases also.

We are confident that the origin of much of the nervousness and impaired health of individuals who are not decidedly sick, is owing to a want of sufficient and quiet rest. To procure this should be the study of every one. "I have always taken care," said the worthy Dr. Holyoke, after he was above 100 years of age, "to have a free proportion of sleep, which I suppose has contributed to my longevity." We fear that the great praise of early rising has had this bad effect, to make some believe sleep was but of little consequence. Though it may be well to arise with the sun, or when it is light, (not before, however,) yet this is of minor consequence in comparison with retiring early to bed.

Laboring people should retire as early as *nine* in the evening, and all others by *ten* or *eleven*. Those who are liable to have disturbed sleep, should take especial care that their evenings pass tranquilly. Many are injured by attending theatres, parties, balls, or other meetings in the evenings, by which they are so much agitated that their sleep is broken and unquiet.

The practice of spending the evening in some of the objectionable methods just mentioned, is now far more common among all classes than formerly, and is, we apprehend, one cause of the increase of nervous diseases.

To procure good sleep, it is important in the first place, that the mind should not be disturbed for several hours before retiring to rest.

2d. Retire early, and neither when very warm or cold; sleep on a hair mattress, or on a bed not very soft. The bed room should be

large and well ventilated, and the bed should not be placed near the wall, or near a window, as such an arrangement often exposes the person to currents of cold air.

3d. There should be nothing tight about the neck, and the Chinese rule of brushing the teeth before retiring, is a good one. Tea or coffee taken late in the evening is apt to disturb sleep. Strive to banish thoughts, as much as possible, on retiring to rest, or take up but the most dull subject. Study during the evening is improper.

PREVENTION OF INSANITY.

In addition to the avoidance of all the causes of insanity which have already been mentioned, the prevention of the disease must be sought in measures calculated to prevent reattacks, and also its development in those hereditarily predisposed to it. Under the same head of prevention we also wish to include means for arresting the disease in its incipient stage, and for this purpose it will be well to understand that insanity often commences in a very insidious manner.

Some appear to be deranged only as regards their feelings, or moral qualities. They are noticed to be different from what they formerly were; to be more restless and sleepless, or unnaturally morose and irritable. Some manifest an unfounded dread of evil, say but little, shun society, and are suspicious of their dearest friends and relatives; while others are unusually vivacious and pleasant, or quarrelsome and abusive. Such changes of character and habits will usually be found to be subsequent to some reverse of fortune, loss of friends, or sickness, and should excite alarm. Persons thus affected will converse rationally, and in company, or before strangers, will conceal their peculiarities, and thus are known to be insane, but to a very few, until some violent acts leads to an investigation, and then it is found they have long been partially deranged. This is the case with most of those who commit suicide. They are known to be melancholy, and a little insane, by their nearest friends, who, however, often conceal the fact until after the catastrophe.

Often insanity exists in a slight degree for months, and as we have said, is only noticed by the most intimate friends or relatives, and

then *suddenly* assumes an alarming form, leading in some instances to homicide, and in others to self-destruction. Of the latter, almost every newspaper contains accounts, and of the former we have known many instances.

A considerable number of cases have fallen under our observation of mothers killing their own children. Two such have been admitted here within a short time. In most of these, the insanity previous to the act, though known to exist, was slight, and no particular danger was apprehended. In some of these instances the act seemed to have been committed from a sudden impulse; in others, it was premeditated, and done for the purpose of securing the happiness of the child, and also, in one instance, to procure the death, by execution, of its mother, who wished not to live, but was unwilling to commit suicide. Contrary, to our expectations, several of these cases have recovered, and been well and with their friends a number of years. Two of them have since become mothers, and still continue to enjoy good health.

Such deplorable occurrences make known to us, not only the extreme danger of permitting the insane to be left unguarded in families, and to have the management of children, but also the almost criminal neglect of their guardians, in not endeavoring to effect their restoration in the early period of the disease. A kind and affectionate mother, who in a paroxysm of insanity killed two of her children when left alone with them, has recently been admitted into this asylum. She is now apparently sane most of the time, and has a clear recollection of what she has done. In a recent letter to her friends, she says, "Had I been brought to the asylum last year, when I ought to have been, I might now be at home and happy with all my dear children."

The suicidal form of insanity often exists in a slight degree for a long time, but unfortunately attracts but little or no attention; and hence the frequency of suicide, which in this State has become truly alarming.

Surely all must see the urgent necessity of attention to the first symptoms of mental derangement, especially when accompanied by gloom and despondency, or consequent upon misfortune, loss of relatives or sickness. In such cases, even when the mental disorder is slight, the friends should be as anxious and ready to seek a remedy, as in attacks of other diseases. Often the advice of a judicious phy-

sician, with a little medicine, with change of business, or a journey, will effect a cure.

The *recurrence of insanity* might often be prevented by proper care. This fact we consider it important for the community to know, and also that *reattacks* are very common. We are often surprised at the apparent thoughtlessness of the friends of the insane, and their neglect of the precautions necessary to prevent a relapse. Thus not unfrequently those who have here recovered, are returned to their homes in a manner likely to injure them—exposed to cold and to excessive fatigue by riding too far in one day, and by being deprived of their rest by journeying in the night. Some are permitted to recur to those habits and practices that are known to cause or perpetuate the disease from which they have just recovered ; such as the use of stimulating drinks, the excessive use of snuff, tobacco, or strong tea. Others are permitted to attend and take part in exciting political and religious meetings, and to be out late at night.

In this connection we shall be pardoned for respectfully mentioning our apprehension that the study of insanity is too much neglected by physicians engaged in general practice. We have no hesitation in saying that if the physicians of the country were fully aware of the importance of this subject, and would as thoroughly study insanity as they do other diseases, and exert themselves to prevent by timely advice, and to arrest it in its early stage, that they would do those predisposed to insanity and the insane themselves, an amount of good unequalled by that of the asylums of the country.

They should understand and be able to recognise its earliest symptoms, for as has been said, insanity often, and we believe we may say most generally, exists in a slight and scarcely perceptible degree for months, before it is generally noticed. They should know how liable many are to this disease from hereditary predisposition, from previous attacks, long continued menorrhagia or other diseases, from repelled eruptions, and extreme nervous susceptibility and be able to advise such and warn them in time, of impending danger. How many cases of puerperal insanity, or of that insanity that comes on after child-birth, might be prevented by timely precautions, by quieting the fears of the timid and desponding ; by such advice and suggestions to those who are about to become mothers and to their husbands and friends, as will prevent the occurrence of any sudden or

severe disappointments during or soon after travail. Those predisposed to insanity or who have suffered from a previous attack should be particularly advised and guarded. When however insanity does supervene, as it frequently does after child-birth, it may often be remedied by proper treatment without the removal of the patient from home; and as this is a matter of great importance we beg leave to suggest to medical men the importance of thoroughly studying it. One of the best as well as most recent articles on puerperal insanity which we have seen, is that by Dr. MacDonald, in the American Journal of Insanity, for October, 1847. It is well worthy of attentive perusal by all engaged in the practice of the medical profession.

PROGNOSIS.

In no other disease, perhaps, is it more difficult to foretel the result than in insanity. As a general rule we find that the longer insanity has existed the less chance is there for recovery. It is rarely cured after it has uninterruptedly continued two years, though there is always hope if the patient is vigorous and the form of insanity varies. General excitement of the mind and feelings is more readily cured than monomania or derangement on only one or two subjects; and the more acute the disease the more rapid usually is the recovery. The probability of cure is greater in the first than in subsequent attacks.

There are, however, many exceptions to these rules, as we have known some who have been decided monomaniacs four or five years and without variation in the character of their delusions, entirely to recover, and some who have been for as long a time apparently demented. We therefore rarely despair entirely, of the recovery of a patient if there has not been for at least one year, nearly a total loss of the mental powers, or unless the insanity has been preceded by, and complicated with epilepsy or other incurable disease.

Hereditary insanity, and that produced by injury of the head or arising from peculiar structure of the brain, is curable; but in such cases, a relapse is the more to be expected. The same is true of those who have suffered from a previous attack. Insanity arising from a violent exciting cause, is more likely to recover than when it is produced by some trivial cause. The speedy action of moral causes in producing derangement, is a favorable circumstance; if it

has been slow, recovery is difficult. If insanity is connected with pregnancy, or with uterine difficulty the prognosis is generally favorable, though long continued menorrhagia is discouraging. If the appetite remains good, and emaciation increases there is reason to fear the case is hopeless. The middle aged it is thought more frequently recover than the very young or aged.

Remissions are favorable, especially if the attacks lessen in violence and duration. No alteration of pulse is an unfavorable indication ; so is long continued cold and clammy hands and feet with retarded circulation in the capillaries.

Insanity arising from excessive study is rarely curable, especially where it originates in or is fostered by religious notions, pride, or extreme ambition. Insanity is incurable where it is the result of epilepsy ; and when complicated with this disease or with paralysis, usually terminates in death, though where epilepsy supervenes after the insanity comes on, recovery sometimes takes place.

THE MEDICAL TREATMENT OF INSANITY.

We are often questioned by letter and otherwise as to the medical treatment of the insane. To answer some of these inquiries, and with the hope that some good may result from it, we will endeavor in this report very briefly to state our views on this subject, and in a very general manner describe the practice adopted at this asylum.

No specific remedy for insanity has yet been discovered. Different cases require very different treatment, and that which would be serviceable at one period of the complaint, might be injurious at another. According to our experience, recent cases for the most part require a mild antiphlogistic course ; but regard should be had to the cause of the insanity. If produced by long continued grief, ill health, loss of appetite, sleeplessness, or by some debilitating complaint, then tonics and opiates are often required at first. If occasioned by a blow or other direct physical injury of the head, or by some sudden and violent mental commotion, while in good health, free depletion by bleeding and active cathartics are useful and often indispensable. But such cases are seldom seen in lunatic hospitals. We have rarely considered it advisable to have recourse to general bleeding at this institution. When we have resorted to it, we have not known it prove serviceable

except in a very few instances. Occasionally, where there is much cerebral excitement we have resorted to topical bleeding, but more frequently, even in such cases, we derive benefit from placing the feet in warm water ; the application of cold to the head and the movement of the bowels by laxatives. Pouring cold water in a small stream from a height of four or five feet directly upon the head, is generally one of the most certain means of subduing violent maniacal excitement we have ever seen tried. But this should be done in a gentle manner and under the immediate observation of the physician, and should not be continued but for a short time ; we also advise never to resort to it when the patient's bowels are confined, or when he has just been eating and his stomach is full. The warm bath is also serviceable in many cases to calm excitement ; but for this purpose it should be long continued, at least half an hour, and cold water should be gently applied to the head at the same time.

In a few recent cases Croton oil has proved very beneficial, and we have thought particularly so in some cases that seemed to be cured by the use of it, after other cathartics had been tried. Of all medicines it is the most easy to administer to a patient that refuses to take any, and we have often used it, and never with any unpleasant result, though we think it should be cautiously given, and never in cases of insanity without some especial reason for using it instead of some milder laxative.

Our common *house pill* for a cathartic, is as follows:

R. Aloes Soc. v drams.

Scammony, iii "

Gamboge, i "

M—divide into 135 pills.

Dose 2 to 4.

These are more frequently prescribed for those not affected by insanity or who have recovered from it, than for the insane, though we sometimes give them to the latter and in powder, when they refuse to swallow pills. Castor oil, rhubarb, guaiacum in substance and tincture, and more frequently given when a laxative is required.

Bathing in warm water we think beneficial in most cases. Bathing in cold water or showering, we seldom resort to, probably we should

have recourse to the latter more frequently, if not from the impossibility of preventing patients from supposing it to be intended as a punishment.

Most of the medicines we administer are liquid or in powder. In addition to the preparations of the articles of the *Materia Medica*, according to the *United States Pharmacopœia*, we have a few of which we make use. The following we often administer.

R. Extract of Conium, oz. vi.
 Ferri Carb. Precip., oz. xii.
 Molasses,
 Wine,
 Water, (warm) à à qts. ii.
 Ol. Gaultheria or ol. sassafras, drs. ii.
 Dissolved in alcohol, oz. viii. M.

Usual dose, half an ounce, to an ounce; if a laxative effect is wanted, we add one or two drachms of tinct. aloes and myrrh, to each dose.

We sometimes vary the foregoing preparation as regards all the articles, except the conium and iron, adding mucilage gum arabic, &c., which is useful to suspend the iron.

The following preparation we derive benefit from in many nervous, sleepless, and hysterical cases.

R. Tincture Lupuline,
 " hyoscyamus à à oz. iv.
 Camphor gum, dr. i.
 Ol. valerian, m. xxxii.
 M. Dose one or two drachms.

The following preparation we find useful in some cases of violent mania, and when as is often the case, the urinary secretion is deficient.

R. Tincture Digitalis,
 " Scillæ à à oz. ss.
 Vin. antimon. tart.
 Spts. nitre, dulc. à à oz. i.
 M. Dose 30 to 60 drops.

Blisters, issues, and particularly setons in the neck, we have often tried, but rarely witnessed any benefit from them in cases of insanity uncomplicated with other disease. They sometimes, however, serve to direct the attention of the patient from his imaginary sufferings and delusions and thus indirectly do some good. Sometimes when there is great dulness and stupidity and the head seems to be particularly oppressed, we have known blisters and setons very useful. Emetics and cathartics we do not often prescribe now, as we seldom have known them serviceable; we are, however, careful to avoid a constipated state of the bowels, by the use of mild laxatives or special diet. Calomel as a cathartic we rarely give. We also avoid the use of all drastic purgatives. They not only deplete too much, but disturb the whole digestive apparatus and occasion diarrhoea which is much more dangerous and difficult to remedy than costiveness in the insane. Our most common prescription in ordinary cases of diarrhoea is one or two of the following pills, once in three or four hours.

R. Opium

Ippecac $\ddot{a} \ddot{a}$ grs. xviii

Sub. Mur. Hyd. grs. xii.

M. Divide into 72 pills.

Frequently their use is preceded by a dose of castor oil, with or without a few drops of laudanum.

Opium has always been used at this Institution in the treatment of insanity, and often with great success. In some cases it appears to be useless, and in a few injurious, particularly in those in which the skin is hot and dry and the pulse full and hard. But such cases are rare. I do not however think it a remedy that of itself, very often cures this disease, but it is a valuable adjuvant to others, and secures a beneficial degree of calmness, that can not be obtained without it. In some cases, however, it seems of itself to effect a cure. Of this we can have no doubt after having seen many patients apparently recover while taking it freely, and immediately relapse on its being withheld, and again recover under its use, and finally after continuing it for a considerable time, and gradually diminishing the dose, recover and remain well for years without it. It also serves to render comfortable and to prolong the lives of many that are incurable, by relieving the nervous excitement and morbid irritability of body and mind, that tend perpetually to exhaust the powers of life.

We rarely give very large doses, seldom more than one grain of the sulphate of morphine or one drachm of laudanum at a time, usually less. We generally prefer a solution of the sulphate of morphine, two grains to an ounce of water, to any other preparation of opium that we have used. We presume the acetate of morphine is equally good. In some cases, dovers powders has a better effect than morphine, and sometimes laudanum better than either.

Many cases, especially those of some months continuance require invigorating diet and tonic remedies. The insanity or rather the causes that produce the insanity, such as grief, anxiety of mind, intemperance, &c., have already debilitated the system, and much caution is necessary not to increase this debility. Hence although a patient may exhibit great maniacal excitement, and appear to have prodigious strength, there is usually danger in depleting.

Many of the patients sent to this Institution, have been injured by too much bleeding and depletion before they were committed to our care. Some we think have been rendered incurable by this treatment, and we cannot forbear remarking, that in our opinion the work of Dr. Rush on the "Diseases of the Mind" in which directions are given to bleed copiously in maniacal excitement, has done much harm, and we fear it is still exercising a bad influence, and we hope no future edition will be issued without notes appended to correct the errors into which the distinguished author has fallen for want of the numerous facts which have been furnished since his time, and which enable us to see the errors of our predecessors.

The various preparations of bark, quinine and other tonic remedies are here used, but no one preparation is so generally prescribed as the combination of conium and iron above mentioned, and from none have we seemed to derive more benefit. Ale we often administer with advantage.

In many cases of debility and loss of appetite we have found the following preparation quite serviceable :

R. Tincture. Cinchona Comp. oz. i.

" Gentian, oz iii.

" Capsici, dr. ii.

Quinine Sulph., dr. ss.

Acid Sulph., m. xv.

M. Dose one drachm in water, or better in ginger tea.

Insanity is often complicated with other diseases and these need attention. Nocturnal emissions not unfrequently occur to the injury of the patient. In such cases we have derived more benefit from *tincture of muriate of iron* in large doses than from any other remedy, and we have tried very many. The insanity of some females seems to be caused and perpetuated by *passive menorrhagia*. It is apt to occur about the time the uterus is losing its functions, and is difficult of cure. We have sometimes derived much benefit from the use of *tincture of muriate of iron*, but more frequently from the tincture of cinnamon and tincture of aloes combined, from twenty to thirty drops each.

It should ever be borne in mind that disease in the insane is very apt to be masked—that serious disease of the lungs or of some of the abdominal viscera may exist, but without being manifested by the usual symptoms and may therefore be overlooked without careful examination. In other respects not particularized in these remarks, we are not aware that the disease of the insane require different treatment from the sane.

Such is a tolerably full account of the medical treatment of the insane at this institution. It will be seen that the medicines we prescribe, are few and such as are in common use by physicians in general practice.

We are not however, neglectful of any new remedy proposed by respectable authority for the cure of the insane, and endeavor to give all such a fair trial.

Thus we have tried the *Datura Stramonium*, &c., highly recommended by Dr. Moreau, of Tours, for the cure of hallucinations of sight and hearing, and regret to say that after a thorough trial of this remedy, in many of these perplexing cases we have observed no material or permanent benefit from it.

We have also had recourse to *electro-magnetism* in numerous cases, but without any other good effect than that occasioned by the amusement and interest created by the use of it, and which was momentary.

Not long since the *Cannabis Sativa* or *Hachisch*, the active principle of which the basis of various intoxicating drinks used in Egypt, Syria and other countries in the east, was strongly commended as a remedy for insanity.

Desirous of testing the efficacy of this remedy in cases of insanity, we procured about two ounces of the pure extract direct from Calcutta. Most of this we have used in doses, varying from one to six grains. From our limited experience, we regard it as a very energetic remedy and well worthy of further trial with the insane. Still we cannot say from our experience in what class of cases of insanity it is likely to prove beneficial. On several who were demented it had no effect. On some that were melancholy it caused an exhilaration of spirits for a short time. Some felt as if intoxicated, soon after taking it; others were made weak and sick at the stomach by it. To some it gave a headache, and some were rendered for a short time apparently insensible and cataleptic. On none had it any lasting effect, either good or bad.

Soon after the discovery that the *inhalation of the vapor of ether* had the effect to produce sleep and insensibility we had recourse to it as a remedy in various cases of insanity. In several instances the friends of patients requested us to use it, they having heard through the newspapers that it had proved serviceable in some cases. We administered it to a large number, both men and women, who were affected with various forms of mental delusion.

Some were cases of melancholy and religious despair, others were affected by various delusions and hallucinations, and some belonged to the demented class. To none highly excited or maniacal did we administer it.

Some were not affected at all by it. One man and one woman inhaled it for more than ten minutes without experiencing the slightest change of feelings. Several seemed intoxicated and said they felt as if drunk. One who had slept but little for several nights, and who usually slept poorly, rested remarkably well the night after taking it, and said he must have taken a large dose of opium.

Some have appeared better since they commenced taking it, been more active, cheerful and sociable. One who has taken it nine times seems considerably improved. He was previously dull, inactive and unsocial, and his pulse but forty-eight in a minute. Since the use of the ether his pulse has increased to sixty-six in a minute, and he has been more cheerful and sociable and worked some. He says he is better, and thinks the ether has benefited him, but he might have improved without it.

A few were highly excited by it. One man who was in a state of religious despair, after taking it awoke as from a terrific dream, and in a most violent rage seized the person who administered the ether. He afterwards said that he at first dreamed that he was in hell, and that taking the ether had sent him there, and hence his rage and violence against the operator.

When this excitement abated, he seemed extatic with delight on account of the visions he had seen, and the revelations that had been made to him. "I floated away," he exclaimed, "in infinity of space, I have seen a future world, what I have seen has proved the dogmas of religion, unless a man comes up to an iota, it is over with him." He said he felt "convinced of the truth of Newton's theory of the solar system, as he saw the planets revolving in the order and way pointed out." When fully recovered from the effects of the ether he recollects the assault and begged forgiveness. He afterwards said he should not like to take it again, assigning as a reason that his head felt strangely after using it, he however soon after recovered, and has now been well more than a year.

Some were pleasantly excited after using it. One danced. Another, when asked how he felt after awaking from a short sleep, replied, "exactly, exactly neat, by jingo, I never felt better in my life than I do now. I thought I was in Heaven, then in hell, then at the judgment, and then at school, I must have slept two hours." Another when asked by a patient to tell him what his feelings were, said, "he felt like a kind of airy nothingness, as if he could fly."

To none has it proved injurious, and we are rather favorably impressed with its use, though we do not expect any striking remedial effects from it.

We have also repeatedly given chloroform, and found its effects very similar to those of ether. But we have not administered either in recent cases of insanity, or to those highly excited and in a maniacal condition.

But we received one patient to whom chloroform had been given when first attacked and while greatly excited. It produced sleep, and the case went the round of the newspapers as one of recovery from insanity by the use of chloroform. But no ultimate good resulted, on the contrary, from the history of the case, the appearance of the pa-

tient when received into the asylum and the subsequent progress of insanity, though recovery finally occurred, we believe the chloroform was injurious and endangered the patient.

When carefully and moderately given, we have no doubt it will prove serviceable in certain cases of insanity, especially as a stimulant and where there is a want of arterial action ; but as its effects are mostly exhibited upon the cerebral system, we advise caution in the use of it in all diseases of the brain. It is from an apprehension that some recent cases of insanity may be endangered by it, that has induced us to be thus particular in detailing our experience.

Cod-liver oil, we have used in many cases, and think with benefit in some instances. We apprehend it will be found a useful remedy in certain cases of insanity, accompanied by emaciation and costiveness, and when there is a tendency to consumption or rheumatism.

MORAL TREATMENT OF INSANITY.

This is too extensive a subject to be properly treated in a report of this kind ; we shall therefore but briefly allude to it. By moral treatment is meant attention to the mental peculiarities and everything relating to the personal management of the insane, exclusive of medical treatment. Even medical treatment is often beneficial by its moral effect, and not unfrequently we administer some harmless medicine solely with this object in view.

The removal of the insane from home and former associations, respectful and kind treatment under all circumstances, in most cases manual labor, attendance on religious worship on Sunday, the establishment of regular habits and of self-control, diversion of the mind from morbid trains of thought, are essential parts of a good plan of moral treatment.

Though in some instances the insane may be properly treated and recover without being removed from their acquaintances and friends, yet that is seldom the case. It is also very difficult to discriminate between those cases that might do well at home and those that would become incurable if not removed. In several instances we have received patients strongly attached to their families, and who dreaded removal to the asylum, and whom we supposed might be injured by the change, yet the result showed that the plan adopted was judi-

cious, as at home they continually grew worse, and here rapidly recovered.

In almost all cases of insanity it is essential to divert the mind of the patient from its morbid delusions, and this cannot be done without a change of place and associates. Even in the case of George III, of England, it was deemed essential to his recovery from insanity to dismiss his own domestics and courtiers, and have him attended by strangers, and new apartments and furniture provided.

Insanity, we suppose in most cases, is but a slight disease of the brain, and only of a part of it, disturbing more or less of the faculties of the mind, but rarely all of them. Recovery very much depends upon lessening the activity of these disordered faculties, by not exercising them, and thus quieting the irritation of the brain. Hence the necessity of withdrawing patients from accustomed trains of thought, and awakening new ideas. Thus removal from home to an asylum is beneficial, where novel arrangements and new associates arrest their attention and disengage their minds from the morbid fancies that have ruled them.

In this manner a strong desire to return home and see their friends is very beneficial. We frequently receive patients who have long manifested a desire to leave their friends, embracing every opportunity afforded them of running away, and who seemed to have lost all regard and affection for their families. Here, in a short time, their natural feelings and attachment to their friends return, and they become exceedingly *homesick* and desirous of going home. This we regard as a favorable change, and frequently leads to recovery, as such new feelings wholly engross their thoughts, and the insane delusions are forgotten.

Engaging the attention in some new subject or employment, and calling into exercise the faculties of the mind not disturbed by disease, we regard as an important procedure in many cases of insanity. Hence the utility of amusements, music, schools, exhibitions, religious worship, books, newspapers, mechanical pursuits and other kinds of labor, in lunatic asylums.

But judicious moral treatment in the incipient stage of mental derangement, and while the patient remains at home, is very important.

The insane are often rendered much worse by contradiction, deception, and by conversing and arguing with them upon their delusions. An excellent young man, who was for a time under our care, affected by religious melancholy, and who thought he had committed the unpardonable sin, told me, after his recovery, that nothing disturbed and injured him so much as the efforts of his friends to convince him of his error by conversing with him. To use his own words, "It set his brain on fire." Those who are disposed to be gay and sociable are often injured by deception and flattery, and by being encouraged in their delusions, for the amusement of others.

But all those so unfortunate as to be affected by any form of mental disease, even in a slight degree, and whether it leads them to be disputatious, quarrelsome and violent, or gay, cheerful and amusing, are as much objects of commiseration and guardianship, and often of medical treatment, as persons affected by other diseases of an alarming tendency ; and when the whole community realise this, we may reasonably expect a diminution of the number of the insane.

CONCLUSION.

But one change has occurred in the resident officers since our last report. Early in the season Dr. Lee, who had been for several years associated with us, desirous of engaging in the general practice of his profession, resigned the station of first assistant physician, and Dr. Nichols was appointed in his place, and Dr. Cook second assistant physician.

We have continued to receive favors and donations from the friends of the Asylum, and during the year the *Green-house* and *Museum* have been enriched by valuable additions. To all those who have thus contributed to increase the enjoyments of the inmates of the Institution, we return our sincere thanks, with the assurance that their kindness is appreciated by very many.

Our warmest thanks are also due to the editors and proprietors of newspapers, and to other individuals who have had the kindness to supply us with their valuable periodicals. We regard them as among our most valuable means of interesting and benefiting a large class of our patients, and should consider it a great misfortune if they were withheld.

The following papers have been received at the Asylum during the past year. Some have been subscribed for by the friends of patients, and sent directly to them; but for the most part they have been sent gratuitously to the Institution:

Daily, Commercial Advertiser, New-York city.

New-York Sun, do

Albany Argus, Albany.

Albany Evening Journal, do

Auburn Advertiser, Auburn.

Utica Gazette, (two copies,) Utica.

Oneida Morning Herald, do

Evening Transcript, Boston, Mass.

Rochester Daily Advertiser, Rochester.

Tri-Weekly, National Intelligencer, from Hon. E. Bacon.

Albany Argus, Albany.

Semi-Weekly, The Corrector, Sag-Harbor, L. I.

Weekly, Utica Observer, Utica.

Utica Democrat, do

New-York Baptist Register, do

Gospel Messenger, do

Liberty Press, do

Christian Contributor, do

Troy Whig, Troy.

Herkimer Freeman, Little Falls.

Northern Christian Advocate, Auburn.

Sandy Hill Herald, Sandy Hill.

Ontario Repository, Canandaigua.

Long Island Farmer, Jamaica, L. I.

Long Island Democrat, do

Onondaga Democrat, Syracuse.

Onondaga Standard, do

District School Journal, do

Kingston Democratic Journal, Kingston.

Delaware Express, Delhi.

Wayne County Whig, Lyons.

Perry Democrat, Perry.

Washington County Post, Salem.

Journal and Eagle, Poughkeepsie.

Jeffersonian,	Watertown.
Northern State Journal,	do
Northern Journal, Lowville.	
Le Roy Gazette, Le Roy.	
Skaneateles Democrat, Skaneateles.	
Geneva Gazette, Geneva.	
Geneva Courier, do	
Glens Falls Republican, Glens Falls.	
Rome Sentinel, Rome.	
Cortland County Whig, Homer.	
Oswego Palladium, Oswego.	
Chenango Free Democrat, Norwich.	
Christian Messenger, New-York city.	
Young American,	do
Freeman's Journal,	do
Literary World,	do
Christian Enquirer,	do
Courier and Enquirer,	do
Teachers' Advocate,	do
Lynn News,	Mass.
Olive Branch,	do
Massachusetts Cataract,	do
Hartford Times, Conn.	
Southern Union, Ala.	

We cannot close this Report with justice to our own feelings, without bearing strong testimony to the faithfulness of those who have been in the employ of the Asylum the past year. The duties of many of them were for a time, during the sickness in the Autumn, exceedingly arduous, and we shall never cease to feel grateful for the rare fidelity and kindness they manifested in the discharge of them.

Those immediately associated with me as resident officers have performed their various duties in a manner altogether satisfactory. The number of patients has been so large, and the cases requiring daily and especial attention so numerous, that great labor has necessarily devolved upon the assistant physicians. These officers are well qualified by reading and experience for the responsible stations they occupy, and have fully justified the confidence reposed in their ability and faithfulness.

With devout gratitude to that Almighty Being who has sustained us through the labors and trials of the past, we enter upon the duties of another year, imploring His support and guidance, that we may be enabled to discharge them aright.

AMARIAH BRIGHAM.

NEW-YORK STATE LUNATIC ASYLUM, }
Utica, Nov. 30th, 1847. }

APPENDIX.

Names of those in the regular employ of the Asylum.

- 1 Mortimer G. Porter, M. D., apothecary.
- 2 Lyman J. Barrows, M. D., do.
- 3 George P. Cook, A. M., teacher and student of medicine.
- 4 Henry Mellen, steward's assistant.
- 5 Eleanor Roberts, matron's do.
- 6 William Knowlson, clerk in men's department and attendant.
- 7 Joseph Davis, overseer of gas house.
- 8 Mrs. Esther Davis, clerk in women's department and attendant.
- 9 Thomas Byrnes, gardner.
- 10 George W. Burbank, joiner.
- 11 Edward Henry, plumber.
- 12 Joseph Butler, baker.
- 13 Alexander Gouffrey, do.
- 14 Marcus Kinyon, printer.
- 15 Aaron Walker, farmer.
- 16 John Hughes, carriage driver.
- 17 Jerome Cleavland, tailor.
- 18 Mrs. Cleavland, attendant.
- 19 William Stewart, painter.
- 20 Mrs. Stewart, in north rear kitchen.
- 21 William Kemp, watchman.
- 22 Mrs. W. Kemp, in ironing room.
- 23 Daniel D. Barney, in center kitchen.
- 24 Mrs. Barney, do.
- 25 C. S. Sturdevant, do.
- 26 Mrs. Sturdevant, do.
- 27 Frederick Bates, in the south rear kitchen.
- 28 Mrs. Bates, do. do.
- 29 Pliny Wright, supervisor and attendant.
- 30 J. W. Jones, do. do.

31 Warren A. Potter, supervisor and attendant.
32 P. Ann Brigham, do. do.
33 Mary Jane Wicks, do. do.
34 Emily Sayles, do. do.
35 Mrs. Parkhurst, night attendant.
36 John Nash, do. do.
37 John W. Cook, attendant.
38 Mrs. Cook, do.
39 John Powell, do.
40 Mrs. Powell, do.
41 W. V. Carr, do.
42 Mrs. Carr, do.
43 William Putts, do.
44 Mrs. Putts, do.
45 Z. T. Tower, do.
46 Charles Wright, do.
47 Ruel Crumb, do.
48 David H. Jones, do.
49 John Potter, do.
50 Joel McUmber, do.
51 John Clough, do.
52 Henry Brimer, do.
53 W. V. Hudson, do.
54 Samuel Spaulding, do.
55 E. T. Evans, do.
56 William Roberts, do.
57 John Barclay, do.
58 Mary Stapleton, do.
59 Francis J. Johnson, do.
60 Deborah L. Johnson, do.
61 Mary Blanchard, do.
62 Sarah Newland, do.
63 Louisa Raymond, do.
64 Margaret Stevenson, do.
65 Maria Henry, do
66 Eleanor Henry, do
67 Sarah Richards, do
68 Sarah Reynolds, do
69 Maria Ann Quinn, do

70 Esther Crawford, attendant,
71 Catharine Gough, do
72 Mary C. Griffiths, in sewing room.
73 Jane Wylie, in ironing room.
74 Margaret Kelly, do
75 Amy A. Kenyon, in centre building.
76 Ann P. Hughes, do
77 Thomas Johnstone, porter.
78 Joachim Rubin, in wash room.
79 Mrs. Rubin, do
80 John Mallory, do
81 Mary Mullen, do
82 Mary Fanning, do
83 Jane Anderson, do
84 Mary Ann O'Harra, do
85 Catharine Dogue, do
86 Catharine Gray, in centre kitchen.
87 Sarah McGuire, do
88 Ann Kerner, in north rear kitchen.

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